

<b>Case Number:</b>	CM15-0196364		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	03/21/2012
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 43-year-old male, with a reported date of injury of 03-21-2012. The diagnoses include right lumbar radiculopathy. Treatments and evaluation to date have included Prednisone, Naproxen, and Gabapentin. The diagnostic studies to date have included electrodiagnostic studies on 09-04-2015, which showed no evidence of focal neuropathy, plexopathy, or radiculopathy in the right lower extremity. The progress report dated 09-21-2015 indicates that the injured worker presented for follow-up of his low back injury. He stated that his symptoms were improved but only slightly. The injured worker rated his pain 4-5 out of 10. His felt better when lying down, but he was unable to sit for any prolonged period of time. The objective findings include no weakness, no numbness, no radicular symptoms, no loss of balance, and no pain or swelling in the joints of the lower extremities and spine, except in the lower back. The objective findings (08-10-2015) included spasm in the paraspinal right sciatic notch, tenderness of the right lumbar paraspinal, a normal gait, positive right straight leg raise test with radiation to the right lateral foot, positive right Lasegue's test, and normal strength in both lower extremities. It was noted that x-rays of the lumbar spine on 07-27-2015 showed moderately severe degenerative changes, slight levoconvex curvature, grade 1 retrolisthesis at L2-3 and L3-4, and mild endplate depressions at several levels, mostly notable superiorly at L2. The treatment plan included an order for an MRI of the lumbar spine. The injured worker's work status was not indicated. The request for authorization was dated 09-21-2015. The treating physician requested an MRI of the lumbar spine without contrast for chronic low back pain with

worsened right radiculopathy. On 09-26-2015, Utilization Review (UR) non-certified the request for an MRI of the lumbar spine without contrast.

### **IMR ISSUES, DECISIONS AND RATIONALES**

The Final Determination was based on decisions for the disputed items/services set forth below:

**MRI of the lumbar spine without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** The MTUS Guidelines do not recommend the routine use of MRI with low back complaints. MRI should be reserved for cases where there is physiologic evidence that tissue insult or nerve impairment exists, and the MRI is used to determine the specific cause. MRI is recommended if there is concern for spinal stenosis, cauda equine, tumor, infection or fracture is strongly suspected, and x-rays are negative. In this case, the objective findings include no weakness, no numbness, no radicular symptoms, no loss of balance, and no pain or swelling in the joints of the lower extremities and spine, except in the lower back. A more recent examination reveals a subjective complaint of radiation into the right foot. As there is a lack of objective findings of nerve impairment or tissue insult, the request for MRI of the lumbar spine without contrast is determined to not be medically necessary.